



Welcome to the 2018 Workplace Violence Against Nurses Facility Survey

Purpose: The primary purpose of this survey is to assess practices and strategies used by employers to prevent workplace violence against nurses. The information in this survey will serve as a guide for the development of policy recommendations by the Texas Center for Nursing Workforce Studies Advisory Committee. The information you provide will be instrumental in shaping legislation geared toward preventing workplace violence against nurses in Texas. Your participation in this study is completely voluntary but highly encouraged.

Due Date: The survey deadline is **October 26, 2018**.

Submission: There are multiple options for submitting this survey:

- Complete the survey online at the link in your email
- Print out and complete a hard copy of this form and send it back to us by:
 - Email: TCNWS@dshs.texas.gov
 - Fax: 512-776-7344
 - Regular Mail: P.O. Box 149347, MC 1898, Austin, Texas 78714-9347

Confidentiality Agreement: Your responses are completely confidential. Results from this survey will only be reported in aggregate. Individual facilities will not be identified.

If you have questions at any time about the survey or the procedures, you may contact Pamela Lauer by phone at [512-776-6723](tel:512-776-6723) or by email at TCNWS@dshs.texas.gov

For the purpose of this survey, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.

1. Please identify the type of facility you represent.

- Home health agency
- Freestanding Emergency Medical Center
- Hospital
- Long Term Care
- Other (please specify):

2. Please provide your contact information for response tracking purposes only.

| | |
|-------------------|--|
| Facility Name: | |
| State License #: | |
| Physical Address: | |
| City: | |
| State: | |
| Zip Code: | |

3. What is your current title?

- Chief Nursing Officer/Director of Nursing
- Facility Administrator
- Other (Please specify):

4. Has your organization implemented a program or policy that includes prevention of workplace violence against nurses?

- Yes [continue to question 5]
- No [skip to question 11]

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5. What is included in your organization's workplace violence prevention program or policy? Select all that apply.

- Workplace violence training
- Assessment of work areas for risk factors
- Required reporting of incidents
- Investigation of reported incidents
- Screening patients for risk of violence
- A multi-disciplinary incident response team
- Other (please specify):

6. How frequently does your organization evaluate the effectiveness or impact of this workplace violence prevention program or policy?

- Every year
- Every 2 years
- Every 3 years
- Other (please specify):

- My organization does not evaluate the effectiveness or impact of this workplace violence prevention program or policy [skip to question 9]
- I don't know/I am unsure

7. Please indicate the elements of the workplace violence prevention program or policy that are evaluated for effectiveness or impact. Select all that apply.

- Workplace violence prevention training
- Assessment of work areas for risk factors
- Required reporting of incidents
- Investigation of reported incidents
- Screening patients for risk of violence
- A multi-disciplinary incident response team
- Other (please specify):

8. Has your organization changed its program or policy based on these evaluations?

- Yes
- No
- I don't know/I am unsure

9. Please indicate the types of incidents the workplace violence prevention program or policy requires nurses to report. Select all that apply.

- Physical assault from patient or visitor
- Physical assault from staff or health care provider
- Threat from patient or visitor
- Threat from staff or health care provider
- Sexual harassment from patient or visitor
- Sexual harassment from staff or health care provider
- Verbal abuse from patient or visitor
- Verbal abuse from staff or health care provider
- Incident reporting is not required

10. Please indicate how the program or policy addresses reporting of physical assaults to law enforcement.

- Reporting of physical assaults to law enforcement is encouraged.
- Reporting of physical assaults to law enforcement is required.
- Reporting of physical assaults to law enforcement is not addressed in the policy.

11. Please indicate whether your organization tracks any of the following types of violence against nurses. Select all that apply.

- All incidents of physical assault
- Only incidents of physical assault reported to law enforcement
- Incidents of threat
- Incidents of sexual harassment
- Incidents of verbal abuse
- My organization does not track incidents of workplace violence [skip to question 13]

12. Please indicate how your organization evaluates tracked data related to incidents of violence against nurses as indicated in question 11. Select all that apply.

- It is the duty of a designated individual, committee, or department to evaluate data related to incidents of violence against nurses
- Incident reports, logs, or tracking systems are reviewed or analyzed on a periodic basis (quarterly, annually, etc.)
- Investigation or follow up on reported incidents
- Development of plans or actions in response to reported incidents
- Other (please specify):

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13. Please indicate the elements of reported incidents that are evaluated. Select all that apply.

- Number of violent incidents reported
- Costs associated with incidents (e.g. worker's compensation)
- Physical injury severity resulting from incidents (e.g. whether the victims received emergency care)
- Emotional injury severity resulting from incidents (e.g. need for counseling or emotional/psychological follow-up)
- Location or unit in which incidents occurred
- Time at which incidents occurred
- Perpetrator characteristics
- Nursing procedures being conducted at time of incidents
- Staffing levels at time of incidents
- Whether victims completed workplace violence prevention training prior to incidents
- Involvement of security personnel or law enforcement in incidents
- Other (please specify):

14. Please indicate the types of costs related to workplace violence against nurses your organization tracks. Select all that apply.

- My organization does not track costs related to workplace violence against nurses.
- Workers' compensation (for an injury related to the workplace violence incident)
- Absenteeism, accident or injury-related leave
- Replacement workers
- Property damage
- Training or prevention costs
- Legal costs
- Costs of hiring additional security personnel
- Other (please specify):

15. Please indicate whether your organization's workplace violence prevention program or policy addresses training of the following staff types. Select all that apply.

| | Clinical Nursing Staff (e.g. APRNS, RNs, VNs, CNAs) | Other Clinical Staff (e.g. physicians, allied health professionals) | Non-Clinical Nursing Staff (Quality Improvement RNs, Case managers, clinical educators, informaticists) | Other Non-Clinical Staff (e.g. non-nursing administrators, clerical staff, janitorial staff) |
|---|---|---|---|--|
| Required in all departments/units | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Required in specialty areas only (e.g. ED, psych) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Voluntary training only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training unavailable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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16. Please fill out the table below regarding the types of workplace violence prevention training your organization requires for clinical nursing staff.

| | Types of training required for nurses | How long is the <u>initial</u> training? | When is the <u>initial</u> training offered? |
|---|--|--|--|
| Workplace violence awareness training | <input type="checkbox"/> | <input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours | <input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed |
| Training on proper techniques for de-escalation | <input type="checkbox"/> | <input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours | <input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed |
| Training on specific evasion techniques | <input type="checkbox"/> | <input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours | <input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed |
| Training on proper patient containment measures | <input type="checkbox"/> | <input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours | <input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed |
| Training on identifying characteristics associated with aggressive and violent behavior | <input type="checkbox"/> | <input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours | <input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed |
| Other (Please specify): | <input type="checkbox"/> | <input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours | <input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed |

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17. Please indicate the refresher training offered to clinical nursing staff in your organization.

| | <u>Refresher</u> training is a repeat of original training content | <u>Refresher</u> training is a subset of original training content | <u>Refresher</u> training is not offered | How often do you require nurses to take this <u>refresher</u> training? |
|---|--|--|--|---|
| Workplace violence awareness training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required |
| Training on proper techniques for de-escalation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required |
| Training on specific evasion techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required |
| Training on proper patient containment measures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required |
| Training on identifying characteristics associated with aggressive and violent behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required |
| Other (Please specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required |

18. If your organization has a staffing committee, does it consider incidents of workplace violence in developing and evaluating nurse staffing plans?

- Yes
- No
- I don't know/I am unsure
- Not applicable - My organization does not have a nurse staffing committee

19. Is follow-up support, such as counseling, made available to nurses in your organization who are subjected to workplace violence?

- Yes
- No
- I don't know/I am unsure

20. If you answered "Yes" to question 19, please describe the types of support made available.

21. What strategies has your organization implemented to prevent or reduce workplace violence against nurses? Select all that apply.

- Alarms and monitors (including panic buttons)
- Staff training
- Restricted access
- Emergency response team
- Static or rounding security personnel
- Availability of escorts
- Chaparones (visiting in pairs)
- Personal protective equipment
- Availability of restraints and policies for use
- Reducing crowding in clinical environment
- Exit strategies
- Metal detectors
- Use of screening tool for patients at risk for violence
- Involving law enforcement
- Use of emergency codes
- A multi-disciplinary response team
- Other (Please specify):

22. Which of the strategies implemented in your organization has been most successful in preventing workplace violence against nurses? Select only one option.

- Alarms and monitors (including panic buttons)
- Staff training
- Restricted access
- Emergency response team
- Static or rounding security personnel
- Availability of escorts
- Chaparones (visiting in pairs)
- Personal protective equipment
- Availability of restraints and policies for use
- Reducing crowding in clinical environment
- Exit strategies
- Metal detectors
- Use of screening tool for patients at risk for violence
- Involving law enforcement
- Use of emergency codes
- A multi-disciplinary response team
- Other (Please specify):

The next two questions are about your personal experience at your organization. Responses to all questions in this survey will only be reported in aggregate form. Individual respondents will not be identified.

23. How would you rate your organization's level of safety as it relates to workplace violence?

- Not at all safe
- Slightly Safe
- Somewhat safe
- Very safe
- Extremely safe

24. Please tell us about your most recent experience reporting incidents of workplace violence at your current place of employment.

- I have not reported any incidents of workplace violence at my current place of employment in the past year.
- I have reported an incident(s) of workplace violence in the past year at my current place of employment and management has taken action on my report.
- I have reported an incident(s) of workplace violence in the past year at my current place of employment and I have been kept informed on the progress of actions taken to address my report. I have reported an incident(s) of workplace violence in the past year at my current place of employment and I have not heard back regarding my report.

25. Please use the space below to describe the impact at your organization, if any, of elevating assault on emergency room staff to a felony offense.

26. Please use the space below to make any comments related to workplace violence against nurses.